Apr 16, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 576364

1. Corporation Name

CITY-ST-ZIP

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Principal Place			ailing Address										
415 NE PARK ST OKEECHOBEE FL 34972-2927 415 NE PARK ST OKEECHOBEE FL 34972-2927 OKEECHOBEE FL 34972-2927			972-2927				DO NOT WE	DITE IN	THIS S	PACE			
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		120	Adaile Address				06/21/19 4. FEI Number					Appl	ied For
_2. Principal Pla	lace of Business		. Mailing Address	•			59-1730				\vdash		Applicable
21		26	Suite, Apt. #, etc	^				-			\$8.7		ditional
Suite, Apt. 7	#, etc.	27	Suite, Apt. #, Ct	.			5. Certifcate	of Status Desired	_ 🗆	_	•	Requ	
City & State		·. [27]	City & State	· ·			6 Election Co	ampaign Financing	n		\$5.	00 M	lav Be
23	,	28	,					Contribution	" ⊔		• -	led to	· · · · · · · · · · · · · · · · · · ·
Zip	Country		Zip	Co	untry		8. This corpo	ration owes the cu	ırrent ye	ar Intar	gible		
24	25	29		30				roperty Tax.] Yes		No
-71	9. Name and Address of Curr		stered Agent				10. Name and	Address of New	Regist	ered A	gent		
					81	Name							
	NG, ANTHONY T.				82	Street A	ddress (P.O. Box Nu	mber is Not Accer	otable)				
	n.w. 5th street												
	ZA 300				83					•			
OKE	ECHOBEE FL 34972				84	City					85	Zip Co	ode
					1 1					<u>FL</u>		·	
	to the provisions of Sections 607.0 egistered agent, or both, in the Sta			Statutes, the	above	-named o	orporation submits th	is statement for tr stors. I hereby acc	ne purpo ent the	se or cr annoint	nanging ment a	g its real	stered
agent. I ar	m familiar with, and accept the obli	igations of	f, Section 607.050		tutes.			, , , , , , , , , , , , , , , , , , ,	opt and	арропп			_
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 7